

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.  Application No: 09/731,318  Confirmation No: 1028  Filed: December 6, 2000  Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS				Group No: 3734  Examiner: Michael G. Mendoza  Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)  February 16, 2010 San Francisco, California 94107																				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																				
<b>Via EFS</b>  <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Extension (Months)</th> <th colspan="2" style="text-align: center; padding: 5px;">Extension Fee</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Large Entity</th> <th style="text-align: center; padding: 5px;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center; padding: 5px;">\$130.00</td> <td style="text-align: center; padding: 5px;">\$65.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two Months</td> <td style="text-align: center; padding: 5px;">\$490.00</td> <td style="text-align: center; padding: 5px;">\$245.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three Months</td> <td style="text-align: center; padding: 5px;">\$1,110.00</td> <td style="text-align: center; padding: 5px;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;"><b>Total \$130.00</b></td> </tr> </tbody> </table>		Extension (Months)	Extension Fee		Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	<b>Total \$130.00</b>			<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
Extension (Months)	Extension Fee																							
	Large Entity	Small Entity																						
<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00																						
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<b>Total \$130.00</b>																								
<b>Fees for Extra Claims</b>																								
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																		
				Large Entity	Small Entity																			
Total Claims	18	34	0	\$52.00	\$26.00	\$0.00																		
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00																		
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00																		
Supplemental Information Disclosure Statement																								
<b>Total</b>						<b>\$0.00</b>																		
<b>Fee Payment</b>				<b>Fee Deficiency</b>																				
Extension Fee		\$130.00		<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or																				
Fee for Extra Claim(s)		\$0.00		<input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .																				
<b>Total</b>		<b>\$130.00</b>		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555.																				
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$130.00</b> .				Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																				
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:																								
By: <u>Melanie Hitchcock</u> Date: <u>February 16, 2010</u>				Respectfully Submitted,  <u>Guy V. Tucker</u> By: Guy V. Tucker Date: <u>February 16, 2010</u> Registration No. 45,302																				